

# HEALTH & SAFETY EXECUTIVE

## Minutes : 34th meeting Occupational Health Advisory Committee HSE, Rose Court, London

16 July 2002

These are the minutes for the 34th meeting of OHAC. **Main topics** discussed included an update on the Priority Programmes for Musculoskeletal Disorders (MSDs) and Stress, and OHAC working groups, and an exercise on horizon scanning.

### Members Present :

- **Mrs Sandra Caldwell** HSE (Chair)
- **Mr Roger Alesbury** CBI
- **Mr Steve Bailey** BIOH/BOHS
- **Ms Carol Bannister** RCN (Chair, MSD Working Group)
- **Dr Ruth Chambers** RCGP
- **Mr Andrew Foster** CIEH
- **Dr Keith Palmer** BMA/SoM/FoM
- **Mr Doug Russell** TUC
- **Prof David Stubbs** Ergonomics Society
- **Ms Claire Sullivan** TUC
- **Ms Kim Sunley** TUC (Chair, Genetic Screening WG)
- **Dr Derek White** CBI

### Assessors Present :

- **Kit Harling** DH

### Observers Present :

- **Ms Elizabeth Gyngell** HSE
- **Dr David Snashall** Chief Medical Advisor HSE
- **Dr Delia Skan** DETINI

### Secretariat Present :

- **Mr Paul Roberts** HSE (Secretary)
- **Ms Kimra Argus** HSE (Minutes Secretary)

**APOLOGIES RECEIVED FROM:** Professor Tom Cox (Chair OHAC Stress WG), Nola Ishmael, Dr Nerys Williams, Dr Arthur Johnston, Peter Wright and Brenda Stephens.

## **1. INTRODUCTION**

1.1 The Chair welcomed OHAC members to the meeting and explained that she would be required to attend at certain points in the HSC meeting taking place at the same time. Elizabeth Gyngell agreed to take the chair in Sandra's absence.

1.2 The Chair welcomed Dr Kit Harling as a new member. She explained he was on secondment to the DH replacing Elizabeth Johnson<sup>1</sup> while on her career break.

## **2. CONFLICTS OF INTEREST**

### **2.1. Register of Interests**

The Secretariat noted that Register of Interest forms had not yet been received from all members. Some members expressed concern that the forms are still unclear as to the information that needs to be declared and were invited to discuss with the Secretariat.

### **2.2. Routine check on day's agenda**

No conflicts of interest were declared.

**Action 2.1 Secretariat** to talk OHAC members through Register of Interests forms on a one to one basis if needed.

## **3. PRIORITY PROGRAMME UPDATE**

### **3.1 Stress** (Paper OHAC/31/02 for information)

**Elizabeth Gyngell**, HSE, Health Directorate A responded to questions.

#### **Workplace Inspections**

OHAC members asked if an analysis was available for the FOD<sup>2</sup> inspector's workplace contacts on stress.

EG replied that existing contacts had been opportunist but from April 2003 inspections would be lead by risk indicators tied into Priority Programmes. A comparison would be made between 2002 and 2004 contacts. In the meantime HD A would be liaising with FOD to see what immediate issues could be drawn out of the existing data. The stress information packs for inspectors were freely available and nominated inspectors had been trained in stress. For **MSDs** the intention was for all inspectors to have a 3-day training course. It would be best to let FOD describe the process in detail.

Members asked for information on the recent campaign on Stress. EG said that an advertising agency had advised that a warm up campaign was necessary for the European Health and Safety Week which has a stress theme. The major challenge was to change the public perception of stress as being mainly an extreme condition i.e. burnout. HSE would like to see a more positive approach to tackling stress in its various degrees that puts across the idea that people can intervene at any stage and make a difference – "arming the unarmed mentors". The pack for European Health and Safety Week was now available by ringing 0800 0850 050 or via the website <http://www.hse.gov.uk/euroweek/index.htm>.

**Action 3.1** Secretariat to arrange for FOD to explain arrangements for inspection at the next OHAC Meeting. (NB: Jo Walker, FOD Health Unit has agreed to attend and cover the new approaches HSE is adopting and how they fit into the stress and MSD priority programmes.)

<sup>1</sup> Programme Manager for NHS Plus, not a member of OHAC

<sup>2</sup> Field Operations Directorate

**Action 3.2** OHAC members to feed any creative ideas on Euroweek warmup to Elizabeth Gyngell.

**Sandra left and Elizabeth took over the Chair**

#### **4. OHAC WORKING GROUPS UPDATE**

##### **4.1 Stress Working Group**

Reported: no activity since last meeting.

##### **4.2 MSD Working Group – Chair Carol Bannister reported**

The group last met on July 8<sup>th</sup>, minutes had been supplied to OHAC.

The Working Group was now comfortable with its Terms of Reference and how the MSD Priority Programme was operating. But they felt that HSE needed to do some work on the presentation, to put forward a strategic overview of the diverse and wide ranging “patchwork” of the programme.

##### **Back In Work (England only)**

OHAC felt that more work needed to be done to engage the wider community and hoped that something could be learnt from the 19 projects to encourage the community development of other initiatives. HSE would meet to pull out the messages from the reports, which would be put on the HSE website. It was noted that a similar initiative in **Scotland** (Working Backs Scotland) had a positive impact in raising public awareness. **Wales** was undertaking a mapping exercise detailing what actions are needed; this was still in its early stages.

##### **End of Year Report on the MSD Priority Programme (PP)**

From a trade union perspective, HSE had increased its visibility in the workplace during inspections on MSDs and seemed to be having some impact. It would be interesting to know if employer representatives felt the same way? Inspections in the Corrugated Packaging industry were going well. The Working Group had made some suggestions to it's Secretary on the analysis of the inspection data i.e. how could this be used to influence strategy. Concern was expressed that the programme lacked the quantitative evidence to identify hotspots suitable for intervention. The WG would also like to talk to the HSE Statistics Unit to make suggestions to increase the robustness of the data. Overall the reaction to the PP remained positive while recognising that it was an ambitious workplan for MSDs. Carol reported that nurses and H&S Representatives felt that the inspections were having impact.

##### **4.3 Genetic Screening Working Group – Chair Kim Sunley reported**

By agreement, the group had not meet since the last OHAC meeting. The secretary David Lewis had put in a research tender for a literature review to examine the current approaches to genetic screening in the USA and Europe. This had been delayed by changes to the HSE tendering process.

The Human Genetics Commission had recommended that they should set up an Employment Sub Group. OHAC would like to establish links with this group.

**Action 4.1** Secretary of Genetic Screening Group to liaise with HGC to ensure that OHAC GS WG were in contact with their Employment Sub Group when it is set up.

**Action 4.2** Secretary of MSD Working Group to arrange for a member of the HSE Statistics Unit to talk to WG.

## **5. SECURING HEALTH TOGETHER UPDATE**

### **Partnership Board – verbal update by Anna Bliss, Health Directorate A1**

The Board had not met this calendar year and its role would be assessed by Bill Callaghan and Sandra Caldwell over summer 2002. This established group might be better used in overseeing the projects for the rehabilitation (Work, Health and Recovery) agendas that HSE is taking forward in partnership with other government departments.

### **Programme Action Groups (PAGs) – verbal update by Anna Bliss, Health Directorate A1**

Compliance – had identified 8 actions to take forward and partners to work with, eg trade unions and local authority inspectors. The corporate social responsibility policy leads were encouraging. The group was also going back to basics and asking “are our laws the right laws?”

Continuous Improvement – was undertaking a mapping exercise of what OH tools exist to achieve Continuous Improvement e.g. award schemes and self-auditing tools?

Knowledge – had not met recently but next agenda should consider requests from other PAGs for research that may be lead by KPAG. The shrinking number of OH Departments in universities, also needed to be addressed so that an external base remains to supply our OH research needs.

Skills – had identified that groups such as GPs and managers need better skills for dealing with OH. This PAG also aimed to examine the skills needs expressed by other groups to identify other work they can take forward.

Support – was developing a model for an OH Support scheme, although they had not assessed the level of demand for this service. The model was building on work from the Improving Access to Occupational Health Partnership Board, NHS Plus , DWP Retention Pilots and schemes in Scotland for SMEs.

### **Web Site – verbal update by Paul Roberts, Health Directorate A1**

The improved Securing Health Together site was due to go live in the next few weeks ([www.ohstrategy.net](http://www.ohstrategy.net)). More best practice projects and more news items were needed.

**Action 5.1** Secretariat to notify OHAC Members when new SH2 site is live.

**Action 5.2** OHAC members to forward OH projects and news items to Secretariat.

## **6 . UPDATE ON THE IMPROVING ACCESS TO OCCUPATIONAL HEALTH (IATOH) PROJECT BOARD**

### **Verbal report by Elizabeth Gyngell, with overheads handed out at meeting.**

Howard Saunders had left his position as head of Health Directorate A2, the unit supporting IATOH, but Monica Smith continues to provide secretariat support. The Board would next meet in October when it would examine the IATOH's primary care recommendations in the light of structural changes to HIMPS and HimPs<sup>3</sup> and how to continue to influence local partnerships. IATOH had had many successful projects but work continues on finding the best manner of evaluation and financing from nationwide sources.

<sup>3</sup> HimP Health Improvement Programme & HIMP – Health Improvement and Modernisation Plan (these apply to England only).

There was renewed discussion of the definition of Occupational Health as used in the IATOH report. OHAC members emphasizing that it was important to keep to the most comprehensive definition especially as so few companies were making even basic interventions to prevent or curtail work related ill health, let alone a full end-to-end<sup>4</sup> process.

OHAC members wondered if there was anything that could be done for the unemployed. EG pointed out that HSE does not have a remit for those not in work but it does for making sure that health and safety is not used as an excuse for not employing people e.g. with disabilities. This might be a suitable role for the Securing Health Together Partnership Board to take on.

OHAC members commented that the IATOH Project Board is a very enthusiastic and solution oriented board (next meeting 23 October 2002).

**Action 6.1** OHAC to send views on IATOH Progress Chart, Baseline Survey (IOM) especially on size of targets for SMEs – do they need to be reevaluated? Are they too aspirational? Comments to Monica Smith.

**Lunch - Sandra Caldwell returned to the Chair. HSC Commissioners Abdul Chowdry and Owen Tudor later joined the meeting to observe.**

#### **7 – 9 . HORIZON SCANNING EXERCISE (paper – OHAC/28/02)**

OHAC returned to the topic of horizon scanning at the request of the HSC. For the purpose of this exercise OHAC was asked to consider potential risks and opportunities in OH, using the Cabinet Office and HSC drivers as themes and considering a time period of ten years. OHAC (and the Commissioners) broke into two groups to brainstorm and reassembled to report back findings.

Abdul Chowdry commented that even though health was improving overall, it was degenerating in certain core areas. Changing ways of working were sure to isolate many more people from the advice they need, and OH services needed to be aware of this to be able to offer support.

Owen Tudor pointed out that the horizon scanning exercise must show where the biggest problems would lie so that HSE, as a regulator, could work out if the solutions were in place to meet them. Where we could not predict we must be able to adapt quickly. The process of horizon scanning also gave HSE the opportunity to liaise with other government departments, who might be better resourced to act on the priorities that we had identified. At present Europe was undertaking similar horizon scanning exercises, a role which may eventually be given to the Bilbao Agency.

OHAC members talked the meeting through the issues identified by each group. All agreed that the exercise had been constructive and interesting.

**Action 9.1 Secretariat** to collate horizon scanning document from the exercise and distribute to OHAC members.

**Action 9.2 OHAC Members** consult with their networks on draft horizon scanning document in preparation for the next meeting.

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<sup>4</sup> End to end : involving risk assessment, intervention made to reduce risk possibly including health surveillance and an evaluation of the impact of the intervention.

**Action 9.3 Secretariat** to send draft horizon scanning document to other IACs.

**Action 9.4 Professor Stubbs** to locate electronic versions of the Foresight Reports 2000/1 which are no longer accessible on the web and forward to OHAC Secretariat.

#### **10. MATTERS ARISING**

There were no matters arising.

#### **11. PAPERS PROVIDED FOR INFORMATION**

- OHAC /29/02 Current Issues August 2002
- OHAC/30/02 Genetic Screening
- “Work-related Violence Case studies: Managing the risk in smaller businesses” – copy of the report.

#### **12. ANY OTHER BUSINESS**

OHAC members requested an above the line discussion on rehabilitation be placed on the agenda for the next meeting. The March and July dates for the meetings next year need to be set now to avoid diary congestion.

**Action 9.1** Secretariat to arrange for rehabilitation to be on next agenda.

**Action 9.2** Secretariat to arrange March and July meeting dates.

#### **13. MEETING CLOSED**

**NB: THE 35<sup>TH</sup> OHAC MEETING IS SET FOR TUESDAY THE 26<sup>TH</sup> OF NOVEMBER.**